Department of Labor and Industries
Crime Victims Compensation Program

PROVIDER ACCOUNTS CHANGE FORM FOR CRIME VICTIMS COMPENSATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PROVIDER ACCOUNTS CHANGE FORM.

Provider Account Physical/Mailing address change ONLY:
If you have a physical or mailing address change, please complete the address change form and return it to the appropriate address on the form.

Tax information mailing address change WITH provider account physical/mailing address change:
If your tax information mailing address has also changed, please check the box at the bottom of the form. This box gives us permission to update both your provider account and your tax ID file. If the box is not checked, we cannot change your tax ID file. (FYI – the tax ID file is separate from your provider account, however both files are linked together so the department can report accurately to the IRS. This is why accuracy on both files is critical.)

Tax ID Name Change Only:
If you have a tax ID name change only, please complete a Form W-9, attach a note indicating it is a name change only, and return it to Provider Accounts at P. O. Box 44520, Olympia, WA 98504-4520. An address change form does not need to be completed along with the Form W-9 unless you have an address change in addition to a name change.

Tax ID Number Change:
If you have a tax ID number change, please complete a new provider application and Form W-9 and return it to the appropriate address on the form. Please include a list of all providers with their provider account numbers who should be changed to the new tax ID number. The Form W-9 must show the effective date of the change.

Provider Account Termination
Please complete the reason for termination, name of provider to be terminated, provider number and effective date of the termination.

All forms referenced above can be located on the Internet at:

www.wa.gov/lni/insurance/cvc.htm

STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
Crime Victims Compensation Program
PO Box 44520 • Olympia, Washington 98504-4520

PROVIDER ACCOUNTS CHANGE FORM FOR CRIME VICTIMS COMPENSATION

To change your mailing address, physical location, or terminate a provider account please complete the form below. Please refer to the instructions when making changes. The provider or the provider's representative must sign the form to initiate any changes.

Send this form to:

Department of Labor and Industries
Crime Victims Compensation Program
PO Box 44520
Olympia WA 98504-4520

Phone: (360) 902-5377
FAX: (360) 902-5333

Provider Name *(please print)*		Phone:
Provider (Firm) ID	Group Provider ID	Federal Tax ID

Old Physical Address:

Address	City	State	ZIP

New Physical Address *(where you would like to receive general correspondence; cannot be a PO Box)***:**

Address	City	State	ZIP

Old 'mail to' Address:

Address	City	State	ZIP

New 'mail to' Address *(where you would like warrants mailed)***:**

Address	City	State	ZIP

☐	**Please check this box if your <u>tax mailing address has also changed</u>. Tax ID mailing address must match the address that the IRS has for the tax ID owner. If different from above, please enter the tax ID address below:**

Address	City	State	ZIP

Provider Account Termination

I wish to terminate the provider account number below for the following reason:		
Provider Name	*Provider Number*	*Effective Date*

Date	Signature